

OPTIONAL FORM 288 (Rev. 3/83)
USDA/USDI
50288-102

Attach leave slips here

**GGU & SU LONG FORM - DNR DIVISION OF FORESTRY
ELECTRONIC TIME AND ATTENDANCE REPORT**

Collector/Phone:

[illegible]

**LABOR, TRADES & CRAFTS
DNR DIVISION OF FORESTRY
ELECTRONIC TIME AND ATTENDANCE REPORT**

RD:

AKPAY Batch:

Batch #:

	<i>Entered:</i>
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Certified:

Date:

[illegible]

Final determination of pay type and rate of compensation will be made by the Department of Administration.

We certify that the time and hours of work recorded above are true and correct.

Employee Signature: _____

Date: _____

Approving Authority Signature: _____

Date: _____

Hazard on reverse? Yes

Commissary
Deduction: \$ -

Leave Usage Codes

165	Personal
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150	Sick Bank
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158	Donated
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183	<i>Business</i>
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190	Military
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195	Court
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Comments:

PAY PERIOD: _____

HAZARD PAY WORKSHEET

NAME: _____ EMP. # _____

NOTE: USE MILITARY TIME (24 HOUR CLOCK) TO RECORD UP/DOWN TIMES.

[illegible]

I CERTIFY THAT ALL TIME AND CHARGES REPORTED FOR THE ABOVE NAMED EMPLOYEE ARE ACCURATE.

SUPERVISOR'S SIGNATURE: _____